

## ***The psychotonic touch of Fasciatherapy DBM : practical methodology, perceptual and relational outcomes, and impacts on clinical practice***

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**BACKGROUND :** Recent studies have revealed the existence of fascial tone and of its involvement in some physio-pathological processes (Schleip, 2012). Psychotonic touch, which is specific to Fasciatherapy DBM (Danis Bois Method), addresses the psycho-physical and relational dimension of fascial tone (Courraud, 2007). Research carried out on this particular touch shows its action on vascular stress and self sense perception as well as anxiety and recovery among athletes (Quéré et al., 2009 ; Angibaud, 2011, Convard, 2013, Rosier, 2013). During this talk we will present the methodology of the touch (slowness, supporting point, active neutrality) and the various sense-perceptions (inner movement, spread, depth, psychotonic modulation, reciprocity) that underpin the the fascial tonic dialogue (between patient, fascia and practitioner). A survey among physiotherapists trained to Fasciatherapy DBM charts the impacts of this touch on their practice of physiotherapy.

**METHODOLOGY :** We surveyed an empirical sample of 446 physiotherapists trained to Fasciatherapy DBM using a self-administered questionnaire. The descriptive analysis centres on how the perceptual and relational dimensions of this touch were integrated and on the improvements observed in their clinical practice (areas, treatment plan, pathologies).

**RESULTS :** We observe a change in how the touch is sense-perceived (slowness, inner movement, wholeness and spread, depth, manual supporting point, psychotonic modulation) and in its clinical efficacy. On a scale of 1 to 10, slowness and inner movement – with an average upper score of 7 - are the easiest to perceive (ANOVA,  $p=0.001$ ). Therapeutic efficacy, the relationship with the patient and teaching skills are improved for more than 80% of the practitioners ; the treatment of physical pain, psychological suffering and chronic pathologies, and enhanced wellbeing, for more than 84% of them. Spinal and non-spinal musculoskeletal pathologies are most significantly improved. These results stand despite the various professional identities that the research highlighted, also showing that there isn't a unified identity amongst the population studied.

**CONCLUSION :** Sense-perception of the fascial tone enables the exploration of the living fascia using the manual approach offered by Fasciatherapy DBM. It requires that practitioners learn a particular methodology and mobilise their perceptual and relational skills. Physiotherapists seem to easily acquire this methodology and its use is likely to improve their clinical practice.

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